

Behavioral Health

Security Health Plan provides coverage of various mental health/AODA (alcohol and other drug abuse) benefits to individual and employer group members. These benefits are managed by Security Health Plan. Members can seek care from any affiliated provider without primary care provider referral.

Mental health benefits renew on a calendar year basis and are divided into three benefit categories: inpatient, transitional, and outpatient services. Each category has a separate benefit limit. Members may have a day/visit or dollar benefit. Benefits are not interchangeable between categories.

- Providers are encouraged to call Customer Service at 1-800-472-2363 to verify a member's eligibility and benefits or to get information about a member's remaining benefits based on claims submitted. To obtain the information by fax, use the fax number 715-221-9767.
- Precertification is required for all inpatient admissions.
- Transitional services: A treatment plan is encouraged for all members receiving services from certified mental health and AODA treatment programs and intensive outpatient programs. In the absence of a written treatment plan, telephonic review of clinical information must be provided to determine medical necessity prior to services being provided.
- To precertify inpatient admissions or transitional care services, call 1-866-688-3400 and select option #1.

Security Health Plan provides coverage for medically necessary emergency care per the members' contract limits. When the emergency results in an admission to an inpatient facility, the facility must notify Security Health Plan within 24 hours or one business day to initiate the utilization review process.

Notification requirements and utilization review of inpatient and transitional care are required components of Security Health Plan's managed care protocol. Continued services are approved based on the identified problem(s), the presence and severity of symptoms, and a reasonable expectation that treatment will result in a decrease of symptoms, or an improvement in functioning.

Authorization of Inpatient Care

- Precertification is required for all elective inpatient admissions.
- Notification of emergent/urgent admissions after regular business hours is required of the hospital within one business day.
- Call 1-866-688-3400, option #1 or #2, Monday through Friday 7:30 a.m. – 5 p.m. to notify Security Health Plan of an admission.
- The frequency of concurrent review is determined by the member's condition and severity of illness.

Authorization of Outpatient Services

- Individual, group and family outpatient care does not require notification or prior authorization.

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Authorization of Psychological Testing

Security Health Plan does not support the blanket use of psychological testing. Psychological testing should only be used when there are clear diagnostic questions or treatment considerations which can be clarified through the use of testing, thereby creating more efficient and effective treatment for the member.

- Psychological testing must be performed by a licensed psychologist.
- All psychological testing services count against the member's benefit limitation.
- Psychological testing in excess of six hours per member per calendar year requires prior authorization. Please list the tests requested with the number of units for each test and fax to the attention of the Health Services Department – Behavioral Health at 715-221-9699.
- Security Health Plan will contact you if more information is needed.
- Security Health Plan will notify you of the coverage decision within 10 working days of obtaining all the necessary information.
- Neuropsychological testing (CPT 96115, 96117) does not count toward the behavioral health benefit maximum and does not require a treatment plan when greater than six hours of testing are requested.

Authorization of Transitional Services

- Transitional care is defined as services that are not as intensive as hospital inpatient, but more intensive than outpatient care. The State of Wisconsin mandate defines transitional services as:
 - certified mental health and AODA day treatment programs
 - certified AODA residential treatment programs
 - certified community support programs
 - intensive AODA outpatient programs provided in accordance with the patient placement criteria of the American Society of Addiction Medicine
- Many Security Health Plan policies have limitations for transitional care services. Please call Security Health Plan Customer Service Department to verify benefits and any coverage limitations.
- Precertification is required for all AODA residential services.
- Call 1-866-688-3400, option #1 or #2, Monday through Friday 7:30 a.m. – 5 p.m. to precertify an admission.
- Admission to a residential AODA facility outside regular business hours requires notification within one business day.

Continuity and Coordination of Care

Security Health Plan believes its members should receive seamless, continuous, and appropriate care through communication between behavioral health providers and primary care providers. The Health Insurance Portability & Accountability Act (HIPAA) privacy regulations supports Security Health Plan's interest in patient safety and coordination of care.

When patients present for behavioral health care, they need to be informed about how their records will be handled and, in certain circumstances, to give consent or authorization regarding what information can be shared and with whom. Coordination of care reduces the risk of problems when patients see multiple providers in different settings and when providers lack access to the patient's complete medical record. Important mental health information to be shared would include patient diagnosis, medication(s) and/or treatment plan.

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In Security Health Plan's effort to provide high-quality health care, Security Health Plan requires affiliated behavioral health providers to communicate with primary care providers. Security Health Plan monitors this activity through an annual provider survey sent to both behavioral health providers and primary care providers. Providers indicate if they believe it is important to share this information as well as if the sharing of this information occurs.

Security Health Plan appreciates providers' help and cooperation in this matter to improve communication between providers through continuity and coordination of care.

Policy

Security Health Plan ensures mechanisms are in place for timely, effective, and confidential exchange of information between behavioral health (BH) providers and primary care providers (PCP), medical/surgical specialists, and other relevant medical delivery systems.

Procedure

Security Health Plan establishes and maintains systems that assess the frequency and substance of information to be exchanged, based on the use of the patient's signed consent allowing exchange of information between health care providers. Examples of monitoring activities may include:

- Surveys of BH providers regarding the exchange of health care information between BH providers and other providers
- Surveys of PCPs regarding information provided to and from BH providers
- Review of PCP medical records to determine if PCPs receive BH specialist feedback, for example BH hospitalization discharge summaries
- Assessment of member protection of privacy between BH and medical providers

Security Health Plan will monitor the effectiveness of this exchange of information between providers by reviewing and tracking contact documentation complaints, as well as reviewing and tracking Quality of Care complaints for any concerns related to lack of communication from providers and/or patients.

Accountability

Annually the Quality Assessment and Performance Improvement (QAPI) workgroup will select one or more specific indicators related to one or more of the above activities for specific measurement. The indicator selected, the individuals responsible for the measurement, and the target date for the measurement will be included in the Quality Improvement Work Plan. Following measurement, results will be analyzed quantitatively and qualitatively by a multidisciplinary body comprised in part of primary care and behavioral health providers. The results of this analysis will be presented to the Quality Improvement Committee (QIC) for review and intervention, as appropriate.

Depression in Primary Care Guidelines

Clinical practice guidelines, practice protocols and measurements, and treatment guidelines have become important tools in today's provision and management of health care. Security Health Plan has established a clinical practice guideline entitled *Guideline for the Management of Depression in Primary Care: Detection, Diagnosis and Treatment*.

Security Health Plan does recognize that clinical practice guidelines are meant to be guidelines only and should never take the place of an experienced physician's judgment.

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Security Health Plan's goal in providing this guideline is to:

- provide a resource for primary care providers who treat depression
- provide a standard for the management of depression in primary care settings that reduces variation in practice
- improve quality of patient care by assisting primary care providers in recognizing circumstances that warrant referral to a behavioral health specialist
- provide a measurement that can be used for ongoing quality improvement activities

Security Health Plan currently measures appropriate treatment of depression through use of the HEDIS^{®1} Antidepressant Medication Management measure. This measure consists of three measurements and mirrors aspects of the *Guideline for the Management of Depression in Primary Care*. The HEDIS[®] Antidepressant Medication Management measures those who were diagnosed with a new diagnosis of depression and treated with an antidepressant:

- *optimal provider appointment*: Have at least three follow-up contacts with a non-mental health practitioner or mental health practitioner coded with a mental health diagnosis during the 84-day (12-week) Acute Treatment Phase at least one of the three follow-up contacts **must** be with a prescribing practitioner.
- *effective medication usage*: Acute treatment phase. Remained on an antidepressant drug during the entire 84-days (12-weeks).
- *effective medication usage continuation treatment phase*: Remained on an antidepressant drug for at least 180 days (6 months).

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Mental Health Medication Management

There have been a number of questions from providers about billing for outpatient medication management services and the use of appropriate CPT coding, particularly when there is a split therapy with a psychiatrist and another provider. Security Health Plan management has attempted to define an approach that is fair and ensures that members receive the proper level of care.

Provision of therapy by more than one provider entails many complex issues. Such relationships imply clinical and ethical responsibilities and may involve liability issues. There are three types of recognized relationships when psychiatrists work with other providers, namely collaboration, consultation, and supervision. These relationships can be ambiguous at best, or at worst with indistinct boundaries, be redundant, counter-productive, or just plain sloppy. There is a mandate to define these respective roles. Delineation of responsibility should be determined by the collaborators, then discussed with the patient to clarify those roles and to obtain the patient's consent to the arrangement. The clinical record should document this discussion including the date this relationship was established. Questions in this area are not only important in establishing roles and responsibilities but can be quite revealing of the patient's understanding and expectations of the various caregivers and treatments.

The primary billing codes used are:

- 90862** - Defined as pharmacological management including prescription use and review of medication with no more than minimal psychotherapy
- 90805** - Individual psychotherapy approximately 20 – 30 minutes face to face, with medical evaluation and management services
- 90807** - Individual psychotherapy approximately 45 – 50 minutes face to face, with medical evaluation and management services

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90809 - Individual psychotherapy approximately 75 – 80 minutes face to face, with medical evaluation and management services

99201 through 99275 - Evaluation and management (E/M) services provided in a physician's office

Evaluation and management codes for new and established patients have very clearly defined criteria for documentation of history, examination and complexity of medical decision making which are available from Medical Group Management Associates Service Center at 1-303-397-7888.

The use of medicine CPT codes implies that psychotherapy is being performed along with medical evaluation management services (medication management).

Some psychiatrists routinely use CPT codes 90805 and 90807 for all medication management visits. If that psychiatrist is the sole provider and is doing therapy and medication management, then this is an acceptable use of these codes. However, if that patient is in therapy with another therapist such as a social worker or psychologist and is also currently receiving psychotherapy from his/her psychiatrist, it implies that this is an exceptionally complicated patient and a treatment plan should justify the need for the patient receiving dual psychotherapies, and clarify the psychotherapists' respective roles.

When every patient of a psychiatrist is billed for CPT code 90805, utilization review again questions the validity of such a practice. Sometimes a medication check is just that, and should be billed with a 90862 CPT code. Use of codes 90805 – 90807 implies that the primary focus of the visit is psychotherapy; likewise, use of 90862 indicates the purpose of the visit is mainly medication management.

Comments Security Health Plan has heard:

- "I only see patients for 30 minutes; anything less than that is unethical."

Response – CPT code 90862 is not a time based code. Sometimes a medication check is just a medication check and it is "unethical" to bill using a higher level code unless psychotherapy is being done.

- "Children are complicated; I always use CPT code 90805."

Response – Some children are more complicated than others are. They may require psychotherapy. The definition of CPT 90862 does involve minimal psychotherapy. Is more than minimal psychotherapy required for the routine refill of ADHD meds for children?

- "The doctor is slow, he always uses CPT codes 90805 and 90807, because of time spent."

Response – This is not a justification for the use of these codes.

- "CPT codes 90805 and 90807 pay more."

Response – Again, this is not a justification for the use of these codes.

When psychotherapy and medication management are needed or in particularly complicated cases that require simultaneous psychotherapy with one provider along with psychotherapy and medication management with a psychiatrist, this need should be justified and documented. Security Health Plan is particularly concerned about the appropriate utilization of members' benefits. It is Security Health Plan's responsibility to coordinate care and to ensure member care is not redundant or counter-productive and that therapists communicate with each other. Security Health Plan has seen situations where its members' benefits do become exhausted prior to the end of the year and/or therapists are not communicating with each other.